

CA086616

**SHELBY COUNTY BOARD OF COMMISSIONERS  
AGENDA ROUTE SHEET**

Referred to Commission Committee Community Services

For Commission Action on June 2, 2008

A RESOLUTION amending the FY 2008 Operating Budget for additional grant funds from the Tennessee Commission on Aging and Disability in the amount of \$389,800.00 for the provision of services specified in the Home and Community Based Services Medicaid Waiver Program. This item requires expenditure of grant funds in the amount \$389,800.00. Sponsored by Commissioner Joyce Avery.

**CHECK ALL THAT APPLY BELOW:**

       This Action does NOT require expenditure of funds.

  X   This Item requires/approves expenditure of funds as follows (complete all that apply):

County General Funds: \$                      ; County CIP Funds- \$                     

State Grant Funds: \$   389,800.00   ; State Gas Tax Funds: \$                     

Federal Grant Funds: \$                     

Other funds (Specify source and amount): \$                                     

Other pass-thru funds (Specify source and amount): \$                                     

**Originating Department:**                                     

**APPROVAL:**

Dept. Head: Sora Ivey 901-324-6333 \ Si \ 5/19/08  
(Type your name & phone #.) (Initials) (Date)

Elected Official:                                      \                      \                       
(Type your name & phone #.) (Initials) (Date)

Division Director: Dottie Jones 545-4274 \                      \ 05/19/08  
(Type your name & phone #.) (Initials) (Date)

CIP – A&F Director:                                      \                      \                       
(Type your name & phone #.) (Initials) (Date)

Finance Dept. Mike Smith 545-4269 \ MS \ 5/20/08  
(Type your name & phone #.) (Initials) (Date)

County Attorney:                                      \                      \ 5/20/08  
(Type your name & phone #.) (Initials) (Date)

CAO/Mayor: James F. Huntzicker 545-4514 \                      \ 5/21/08  
(Type your name & phone #.) (Initials) (Date)

## **SUMMARY SHEET**

### **I. Description of Item**

This resolution amends the FY 2008 operating budget to reflect receipt of additional grant funds from the Tennessee Commission on Aging and Disability. TennCare is the "single State agency" designated by Tennessee law to administer the State medical assistance program as provided for in Title XIX of the Social Security Act. TennCare and the State have obtained approval for a Home and Community Based Waiver for elderly and disabled persons. In cooperation with the Tennessee Commission on Aging and Disability, the Aging Commission of the Mid-South shall oversee the provision of services specified in approved Waiver for Home and Community Based Services.

### **II. Source and Amount of Funding**

Amounts Expended by Line Item: See Resolution Exhibit A.  
Current Budget was previously adjusted to include \$100,000.00.

All costs: Direct Costs. No matching funds are required for this contract.

### **III. Contract Items**

Terms - 07/01/06 – 06/30/08

### **IV. Additional Information Relevant to Approval of this Item**

The Administration recommends approval of this Resolution.

ITEM NO: \_\_\_\_\_

PREPARED BY: K. WILLIAMS

APPROVED BY: 

**A RESOLUTION amending the FY 2008 Operating Budget for additional grant funds from the Tennessee Commission on Aging and Disability in the amount of \$389,800.00 for the provision of services specified in the Home and Community Based Services Medicaid Waiver Program. This item requires expenditure of grant funds in the amount of \$389,800.00. Sponsored by Commissioner Joyce Avery.**

**WHEREAS**, The Aging Commission of the Mid-South has been awarded grant funds from the Tennessee Commission on Aging and Disability to provide Home and Community Based Services (HCBS) to eligible Medicaid elderly and disabled recipients in Shelby, Fayette, Lauderdale and Tipton Counties for the period July 1, 2006 through June 30, 2008; and

**WHEREAS**, the Tennessee Commission on Aging and Disability is providing additional grant funds in the amount of \$389,800.00 for the provision of Medicaid Waiver services.

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COMMISSIONERS OF SHELBY COUNTY, TENNESSEE**, That the Aging Commission of the Mid-South, as part of Shelby County Community Services Division, is hereby authorized to expend Tennessee Commission on Aging and Disability grant funds in the amount of \$389,800.00.

**BE IT FURTHER RESOLVED**, That the Shelby County FY 2008 Operating Budget is amended and appropriated per Exhibit A and that the Position Control Budget is hereby amended as per Exhibit B, which are attached and incorporated herein by reference.

**BE IT FURTHER RESOLVED**, That the County Mayor is hereby authorized to execute any and all documents necessary to comply the aforementioned grant on behalf of the Shelby County Government with the intent of this resolution.

**BE IT FURTHER RESOLVED**, That the County Mayor and Director of Administration and Finance be and are hereby authorized to issue their warrant or warrants to the extent of appropriations made in this resolution, pursuant to the terms and conditions of said grant and to take proper credit in their accounting therefore.

\_\_\_\_\_  
A C Wharton, Jr., County Mayor

Date: \_\_\_\_\_

ATTEST:

\_\_\_\_\_  
Clerk of County Commission

ADOPTED: \_\_\_\_\_



## EXHIBIT A

**SHELBY COUNTY GOVERNMENT  
BUDGET AMENDMENT  
FY2007-08**

Account No.	Description	Current Budget	Proposed Adjustment	Revised Budget as Adjusted
<b>588-481764- HCBS Medicaid Waiver</b>				
4330	STATE GRANTS	(615,000.00)	(289,800.00)	(904,800.00)
5102	SALARIES AND LABOR	373,477.00	106,548.00	480,025.00
5510	COUNTY RETIREMENT	19,634.00	7,458.00	27,092.00
5511	RETIREMENT INSURANCE OPEB	18,231.00	6,926.00	25,157.00
5515	FICA	5,766.00	0.00	5,766.00
5516	MEDICARE COVERAGE	5,042.00	1,438.00	6,480.00
5520	GROUP LIFE INSURANCE	1,907.00	725.00	2,632.00
5543	CIGNA INSURANCE	25,414.00	17,600.00	43,014.00
5560	LONG TERM DISABILITY	4,487.00	1,705.00	6,192.00
5591	OJI EXPENSE	5,789.00	1,651.00	7,440.00
5592	UNEMPLOYMENT COMP	1,228.00	351.00	1,579.00
6016	DATA PROCESSING SUPPLIES	250.00	5,000.00	5,250.00
6026	EXPENDABLE FURN & EQUIP	2,500.00	2,500.00	5,000.00
6028	FOOD AND FEED	300.00	1,500.00	1,800.00
6042	MATERIALS & SUPPLIES	500.00	1,500.00	2,000.00
6048	MEMBERSHIPS, PUBS & DUES	100.00	0.00	100.00
6052	OFFICE SUPPLIES	500.00	5,000.00	5,500.00
6068	POSTAGE	560.00	1,000.00	1,560.00
6404	ADVERTISING	1,600.00	2,000.00	3,600.00
6419	EDUCATION & TRAINING	1,000.00	1,500.00	2,500.00
6446	LOCAL TRANSPORTATION	2,500.00	2,000.00	4,500.00
6458	PRINTING - INSIDE	0.00	0.00	0.00
6467	TRAVEL	3,000.00	2,000.00	5,000.00
6628	INSURANCE	500.00	0.00	500.00
6634	OUTSIDE CONSULTANT FEES	125,815.00	42,000.00	167,815.00
6774	COMMUNICATIONS SERVICES	0.00	0.00	0.00
6780	MAINT EQUIPMENT	500.00	1,398.00	1,898.00
6795	RENT - EQUIPMENT	1,000.00	5,000.00	6,000.00
6798	RENT - BUILDINGS & LAND	8,900.00	65,000.00	73,900.00
6831	PETROLEUM SERVICES	500.00	0.00	500.00
6832	FLEET MAINTENANCE SERVICES	1,000.00	0.00	1,000.00
6852	PRINTING - INSIDE	1,000.00	4,000.00	5,000.00
6874	TELECOMMUNICATIONS SERVICES	2,000.00	4,000.00	6,000.00
	NET OPERATIONS	615,000.00	0.00	0.00
<b>961-307305- Division of Public Works/Printing Services</b>				
4262	Service Income	(1,592,060.00)	(4,000.00)	(1,596,060.00)
6461	Printing Outside	500,000.00	4,000.00	504,000.00
		(1,092,060.00)	0.00	(1,092,060.00)
<b>961-201501- Division of Administration &amp; Finance/Telecommunications</b>				
4262	Service Income	(4,344,664.00)	(4,000.00)	(4,348,664.00)
6771	Communication Expense	3,598,558.00	4,000.00	3,602,558.00
		(746,106.00)	0.00	(746,106.00)

## EXHIBIT B

SHELBY COUNTY GOVERNMENT  
POSITION CONTROL BUDGET AMENDMENT  
FY2008

POSITION NUMBER	COST CENTER	JOB TITLE	STATUS	CURRENT BUDGET	ADJUSTMENT	REVISED BUDGET AS ADJUSTED	SALARY 07/01/07 THRU 09/30/07	PER PAY PERIOD AMOUNT	SALARY 10/01/07 THRU 06/30/08	PER PAY PERIOD AMOUNT
NEW	SF704	SOCIAL WORKER B	DURATIONAL	0	\$31,128.00	\$31,128.00	\$30,221.36	\$1,259.22	\$31,128.00	\$1,297.00
NEW	SF704	CLERICAL SPECIALIST A	DURATIONAL	0	\$25,140.00	\$25,140.00	\$24,407.77	\$1,016.99	\$25,140.00	\$1,047.50
NEW	SF704	QAULTY ASSURANCE ASST.	DURATIONAL	0	\$25,140.00	\$25,140.00	\$24,407.77	\$1,016.99	\$25,140.00	\$1,047.50
NEW	SF704	DATA ENTRY	DURATIONAL	0	\$25,140.00	\$25,140.00	\$24,407.77	\$1,016.99	\$25,140.00	\$1,047.50

TOTAL

106,548.00



# CONTRACT SUMMARY SHEET

12-11-07

RFS #		Contract #	
<b>316.02—027—07</b>		<b>GG 07-20996-01</b>	
State Agency		State Agency Division	
TN COMMISSION ON AGING AND DISABILITY			
Contractor Name		Contractor ID # (FEIN or SSN)	
AGING COMMISSION ON THE MID SOUTH		<input checked="" type="checkbox"/> C- or <input type="checkbox"/> V- 62-6000841-00	
Service Description			
Home and Community based services to eligible Medicaid elderly and disabled recipients.			
Contract Begin Date	Contract End Date	SUBRECIPIENT or VENDOR?	CFDA #
07/01/06	06/30/08		
Mark Each TRUE Statement			
<input checked="" type="checkbox"/> Contractor is on STARS		<input type="checkbox"/> Contractor's Form W-9 is on file in Accounts	
Allotment Code	Cost Center	Object Code	Fund
316.02	339	134	11
FY	State	Federal	Interdepartmental
2007			419,000.00
2008			904,800.00
			904,800.00
TOTAL:			1,323,800.00

— COMPLETE FOR AMENDMENTS ONLY —			State Agency Fiscal Contact & Telephone #	
FY	Base Contract & Prior Amendments	THIS Amendment ONLY	Perry Register, 741-2056	
07	419,000.00		State Agency Budget Officer Approval	
08	515,000.00	389,800.00	<i>Perry E. Register /cm</i> Funding Certification (certification, required by 42 C.F.R. § 93.5113, that there is a balance in the appropriation from which the obligated expenditure is required to be paid that is not otherwise encumbered to pay obligations previously incurred)	
TOTAL:	934,000.00	389,800.00		
End Date:	06/30/08	06/30/08		

Contractor Ownership (complete for ALL base contracts— N/A to amendments or delegated authorities)				
<input type="checkbox"/> African American	<input type="checkbox"/> Person w/ Disability	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Small Business	<input type="checkbox"/> Government
<input type="checkbox"/> Asian	<input type="checkbox"/> Female	<input type="checkbox"/> Native American	<input type="checkbox"/> NOT Minority/Disadvantaged	
Contractor Selection Method (complete for ALL base contracts— N/A to amendments or delegated authorities)				
<input type="checkbox"/> RFP	<input type="checkbox"/> Competitive Negotiation *	<input type="checkbox"/> Alternative Competitive Method *		
<input type="checkbox"/> Non-Competitive Negotiation *	<input checked="" type="checkbox"/> Negotiation w/ Government (ID, GG, GU)			
* Procurement Process Summary (complete for selection by Non-Competitive Negotiation, Competitive Negotiation, OR Alternative Method)				

APR 25

DIRECTOR OF AGING SERVICES

**RECEIVED**

MAY 02 2008

MAY 05 2008

AGING COMMISSION

AGING SERVICES

OF THE STATE OF TENNESSEE

RECEIVED

APR 18 AM 10:11

OFFICE OF AGING SERVICES



AMENDMENT 1  
TO GG-07-20996-00

BETWEEN THE STATE OF TENNESSEE,  
TENNESSEE COMMISSION ON AGING AND DISABILITY  
AND  
AGING COMMISSION OF THE MID SOUTH

This Grant Contract Amendment is made and entered by and between the State of Tennessee, TENNESSEE COMMISSION ON AGING AND DISABILITY, hereinafter referred to as the "State" and AGING COMMISSION OF THE MID SOUTH hereinafter referred to as the "Grantee." It is mutually understood and agreed by and between said, undersigned contracting parties that the subject Grant Contract is hereby amended as follows:

1. Grant Contract Section C. 1. Maximum Liability is deleted in its entirety and replaced with the following:


C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed One Million Three Hundred Twenty Three Thousand Eight Hundred Dollars (\$ 1,323,800.00). The Grant Budget, attached and incorporated herein as a part of this Grant Contract as Attachment 1A, shall constitute the maximum amount due the Grantee for the service and all of the Grantee's obligations hereunder. The Grant Budget line-items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.

2. Grant Contract Attachment 1 is deleted in its entirety and replaced with the new Attachment 1A attached hereto.

The revisions set forth herein shall be effective 01/11/2008. All other terms and conditions not expressly amended herein shall remain in full force and effect.

IN WITNESS WHEREOF:

AGING COMMISSION OF THE MID SOUTH:

  
Jeff Huffman, County Executive

2/15/08  
DATE

AGING COMMISSION OF THE MID SOUTH:

  
A C Wharton, Jr. Mayor

3/1/08  
DATE

AGING COMMISSION OF THE MID SOUTH:


APPROVED AS TO FORM  
AND LEGALITY:

  
Contract Administration/  
Assistant County Attorney

  
Dora Ivey, Executive Director

2/25/08  
DATE

TENNESSEE COMMISSION ON AGING AND DISABILITY:

  
Richard M. Hann, Executive Director

3/18/08  
DATE

APPROVED:

  
M. D. GOETZ, JR., COMMISSIONER  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
BUREAU OF TENNCARE:

4/8/08  
DATE

  
M. D. GOETZ, JR., COMMISSIONER  
DEPARTMENT OF FINANCE AND ADMINISTRATION

4/17/08  
DATE

  
JOHN G. MORGAN, COMPTROLLER OF THE TREASURY

4/22/08  
DATE



## ATTACHMENT 1 A

## GRANT BUDGET

(Grant Budget Page 1)

GRANTEE:	AGING COMMISSION OF THE MID-SOUTH			
PROGRAM AREA:	STATEWIDE HCBS MEDICAID WAIVER			
THE LINE-ITEMS AND AMOUNTS BELOW ARE APPLICABLE <u>ONLY</u> TO EXPENSE INCURRED IN THE PERIOD ...				
BEGINNING:	July 1, 2006	ENDING:	June 30, 2008	
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY *  (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1 & 2	Salaries and Benefits & Taxes	1,018,426.00	0.00	1,018,426.00
4, 15	Professional Fee/ Grant & Award (detail attached)	12,889.00	0.00	12,889.00
5, 6, 7, 8, 9, 10, 11 & 12	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications, and Travel/ Conferences & Meetings	282,026.00	0.00	282,026.00
13	Interest (detail attached)	0.00	0.00	0.00
14	Insurance	1,121.00	0.00	1,121.00
16	Specific Assistance To Individuals	0.00	0.00	0.00
17	Depreciation (detail attached)	0.00	0.00	0.00
18	Other Non-Personnel (detail attached)	9,338.00	0.00	9,338.00
20	Capital Purchase (detail attached)	0.00	0.00	0.00
22	Indirect Cost	0.00	0.00	0.00
24	In-Kind Expense	0.00	0.00	0.00
25	<b>GRAND TOTAL</b>	<b>1,323,800.00</b>	<b>0.00</b>	<b>1,323,800.00</b>
* Refer to Department of Finance and Administration Policy 03, Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A for the definition of each expense object line-item. Policy 03 is posted on the Internet at: <a href="http://www.state.tn.us/finance/rds/ocr/policy03.pdf">www.state.tn.us/finance/rds/ocr/policy03.pdf</a> .				

ATTACHMENT 1 A CONTINUED  
GRANT BUDGET LINE-ITEM DETAIL INFORMATION  
(Grant Budget Page 2)

LINE-ITEM DETAIL FOR: [PROFESSIONAL FEE/ GRANT & AWARD]	AMOUNT
Professional Consultant Fees	\$12,889.00
	\$0.00
TOTAL	\$12,889.00

LINE-ITEM DETAIL FOR: [OTHER NON-PERSONNEL]	AMOUNT
Web-Based Software User Fees and Advertising	\$9,338.00
	\$0.00
TOTAL	\$9,338.00

FUND: 588 AGING PROGRAM FY 03  
DIVISION: 48 COMMUNITY SERVICES  
DEPARTMENT: 17 DELTA AGENCY ON AGING  
SECTION: 64 HCBS MEDICAID WAIVER

ORIGINAL BUDGET	BUDGET ADJUSTMENTS	ADJUSTED BUDGET	DESCRIPTION	ACCT	CURRENT ACTIVITY	Y-T-D ACTIVITY	OPEN ENCUMBRANCES	AVAILABLE BALANCE	CY %
429,042-	185,958-	615,000-	STATE GRANTS	4330	566,960-	566,960-	0	48,040-	92
429,042-	185,958-	615,000-	STATE REVENUE TOTAL		566,960-	566,960-	0	48,040-	92
323,204	50,273	373,477	SALARIES & LABOR	5102	25,306	176,815	0	196,662	47
323,204	50,273	373,477	SALARIES TOTAL		25,306	176,815	0	196,662	47
16,115	3,519	19,634	RETIREMENT SYSTEM CO A	5510	1,512	9,677	0	9,957	49
14,963	3,268	18,231	OPEB RETIREE INSURANCE	5511	1,404	8,986	0	9,245	49
5,766	0	5,766	FICA	5515	229	2,420	0	3,346	42
4,363	679	5,042	MEDICARE COVERAGE - MQFE	5516	325	2,294	0	2,748	45
1,565	342	1,907	GROUP LIFE INSURANCE	5520	162	999	0	908	52
17,600	7,814	25,414	CIGNA INSURANCE	5543	3,332	20,979	0	4,435	83
3,683	804	4,487	LONG TERM DISABILITY	5560	346	2,210	0	2,277	49
5,010	779	5,789	OJI EXPENSE	5591	392	2,715	0	3,074	47
1,063	165	1,228	UNEMPLOYMENT COMP	5592	83	576	0	652	47
70,128	17,370	87,498	FRINGE BENEFITS TOTAL		7,785	50,856	0	36,642	58
250	0	250	DATA PROCESSING SUPPLIES	6016	0	792	0	542-	317
2,500	0	2,500	EXPENDABLE FURN & EQUIP	6026	0	645	0	1,855	26
300	0	300	FOOD & FEED PURCHASES	6028	0	34	0	266	11
500	0	500	MATERIALS & SUPPLIES	6042	0	0	0	500	0
100	0	100	MEMBERSHIP, PUBS & DUES	6048	0	0	0	100	0
500	0	500	OFFICE SUPPLIES	6052	0	0	0	500	0
560	0	560	POSTAGE	6068	45	452	0	108	81
4,710	0	4,710	SUPPLIES TOTAL		45	1,923	0	2,787	41
1,600	0	1,600	ADVERTISING	6404	0	800	0	800	50
1,000	0	1,000	EDUCATION & TRAINING EXP	6419	295	295	0	705	30
2,500	0	2,500	LOCAL TRANSPORTATION	6446	44	1,991	0	509	80
1,000	1,000-	0	PRINTING - INSIDE	6458	0	0	0	0	0
3,000	0	3,000	TRAVEL	6467	172	1,092	0	1,908	36
9,100	1,000-	8,100	SERVICES TOTAL		511	4,178	0	3,922	52
500	0	500	INSURANCE	6628	0	0	0	500	0
7,500	118,315	125,815	OUTSIDE CONSULTANT FEES	6634	0	56,271	11,961	57,583	54
8,000	118,315	126,315	PROFESSIONAL AND CONTRAC TOTAL		0	56,271	11,961	58,083	54
2,000	2,000-	0	COMMUNICATIONS SERVICES	6774	0	0	0	0	0



FISCAL YEAR: 07/01/2007 - 06/30/2008

SHELBY COUNTY GOVERNMENT  
SECTION OPERATING STATEMENT  
DATE: 04/01/2008 THRU 04/30/2008

RUN DATE: 05/13/2008  
RUN TIME: 18:06:37

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FUND: 588 AGING PROGRAM FY 03  
DIVISION: 48 COMMUNITY SERVICES  
DEPARTMENT: 17 DELTA AGENCY ON AGING  
SECTION: 64 HCBS MEDICAID WAIVER

ORIGINAL BUDGET	BUDGET ADJUSTMENTS	ADJUSTED BUDGET	DESCRIPTION	ACCT	CURRENT ACTIVITY	Y-T-D ACTIVITY	OPEN ENCUMBRANCES	AVAILABLE BALANCE	CY %
500	0	500	MAINT EQUIPMENT	6780	0	282	0	218	56
1,000	0	1,000	RENT - EQUIPMENT	6795	0	1,094	0	94-	109
8,900	0	8,900	RENT - BUILDINGS & LAND	6798	1,348	7,414	1,486	0	100
12,400	2,000-	10,400	RENT, UTILITIES AND MAIN TOTAL		1,348	8,790	1,486	124	99
500	0	500	PETROLEUM SERVICES	6831	0	0	0	500	0
1,000	0	1,000	FLEET MANAGEMENT SERVICE	6832	0	0	0	1,000	0
0	1,000	1,000	PRINTING INSIDE	6852	139	1,371	0	371-	137
0	2,000	2,000	TELECOMMUNICATIONS SERVI	6874	0	2,000	0	0	100
1,500	3,000	4,500	O&M CONTRA EXPENDITURE TOTAL		139	3,371	0	1,129	75
429042-	185958-	615000-	REVENUE -		566960-	566960-	0	48040-	92
429042	185958	615000	EXPENDITURES -		35134	302204	13447	299349	51
0	0	0	NET TRANSFERS =		0	0	0	0	0
0	0	0	NET TOTAL SECTION	481764	531,826-	264,756-	13,447	251,309	0